



A	<input type="checkbox"/> New boats <input type="checkbox"/> Used boats <input type="checkbox"/> Brokered boats <input type="checkbox"/> Manufacturer <input type="checkbox"/> Exhibitor			
	<input type="checkbox"/> Original application <input type="checkbox"/> Renewal application <input type="checkbox"/> Change of information			
	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (State of Inc. _____)			
B	Company Name: (include Trade name)		Business telephone/fax number:	
	Mailing address:		Federal Id number/Social Security no:	
	Business location: (If other than mailing address)		Manufacturer's Identification code: (If applicable)	
C	Business hours:		Trader's License number: (If applicable)	Previous dealer No./name: (If applicable)
	1	List all owners, partners or officers of corporation below: Name of owner, partner or officer      Position held      Home telephone number		
	Street address      City      State      Zip Code			
	2	Name of owner, partner or officer      Position held      Home telephone number		
	Street address      City      State      Zip Code			
	3	Name of owner, partner or officer      Position held      Home telephone number		
	Street address      City      State      Zip Code			
D	1. List all locations where inventory will be kept: _____ 2. Does your office and storage location comply with state and local zoning ordinances? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", submit verification with this application. <b><u>If "NO", do not submit application until you have obtained zoning approval.</u></b> 3. Number of salespersons employed or to be employed at this location: _____			
E	CERTIFICATION OF WORKMEN'S COMPENSATION Maryland State Workmen's Compensation Law requires employers with one or more employees and corporations to file a Certificate of Compliance. <input type="checkbox"/> Completely self-employed, or employ only family members and am therefore not required to comply with this law: or <input type="checkbox"/> I/we certify coverage has been obtained as follows:  Name of Insurance company: _____  Policy or binder number: _____      Effective: _____			
F	CERTIFICATION (All owners or corporate officers required to sign)  I/we certify, under penalty of perjury, that the statements made herein are true and correct to the best of my/our knowledge, information and belief, and that I/we understand the excise tax, title and registration, and dealer licensing provisions set forth in the Natural Resources Article, Annotated Code of Maryland, and regulations promulgated by the Department of Natural Resources.  I certify, under penalty of perjury, that I have not <input type="checkbox"/> , have <input type="checkbox"/> been convicted of a controlled dangerous substance offense occurring on or after January 1, 1991. I understand that if I am convicted of a controlled dangerous substance offense, my license may not be renewed or may be suspended or revoked.  _____ (Date)      BY _____  _____ (Date)      BY _____  _____ (Date)      BY _____  <b>DO NOT WRITE BELOW THIS LINE</b>			

DLR. # \_\_\_\_\_ License year \_\_\_\_\_  
Bond \$ \_\_\_\_\_ Bond Exp. Date \_\_\_\_\_  
DNR-B-141 rev. 3-04

## BOAT DEALER APPLICATION INSTRUCTIONS

### Sections:

- A. Check at least one box in each section.
- B. Complete all information, including mailing address if it is different than the business location. Manufacturer's Identification Code is required if you are a boat builder.
- C. List all owners, partners, or officers of the corporation with addresses.
- D. List all locations where inventory will be kept. Your storage location and office location must comply with local zoning ordinances. The attached Zoning Approval Form must be completed and accompany this application. Indicate the number of salespersons employed or to be employed at this location.
- E. Check off appropriate box – if you are completely self-employed or employ only family members, you are not required to carry Maryland State Workmen's Compensation insurance; otherwise, you must carry this insurance and supply the requested information.
- F. Read and check off the appropriate box regarding the statement for controlled dangerous substance. Application for licenses made in the name of a corporation must be signed by three of the corporation officers. Evidence of a closed corporation must be submitted when there are less than three officers.

Boat dealers are assigned to and managed by Licensing and Registration Services Regional Service Centers based on the county the dealership is located. Mail or bring in your completed Application and Zoning Approval Form to the Regional Service Center closest to your business location. Do not send the license fee or surety bond at the time of application. Department personnel will conduct an on-site inspection of your business facility, and you will be notified in writing of approval or denial of the application. Once approved, the license fee, bond and any additional information deemed necessary will be requested.

#### **Annapolis Service Center**

580 Taylor Ave C-1, P O Box 1869  
Annapolis, MD 21404-1869  
410-260-3220  
410-260-8217 (FAX)  
1-866-344-8889 (\*Toll free in MD)

#### **East Central Regional Service Center**

120 Broadway Ave, Suite 5 or 6  
Centreville, MD 21617  
410-819-4100  
410-819-4110 (FAX)  
1-866-439-1708 (\*Toll Free in MD)

#### **Southern Regional Service Center**

6904 Hallowing Lane  
Prince Frederick, MD 20678  
410-535-3382  
410-535-4737 (FAX)  
1-866-688-3823 (\*Toll free in MD)

#### **\*Dundalk Service Center**

7701 Wise Ave  
Baltimore, MD 21222  
410-284-1654  
410-284-3505(FAX)  
1-866-535-8319 (\*Toll free in MD)

#### **Eastern Regional Service Center**

201 Baptist St, #22  
Salisbury, MD 21801  
410-713-3840  
410-713-3849 (FAX)  
1-866-812-1678 (\*Toll Free in MD)

#### **Central Regional Service Center**

2 S. Bond St  
Bel Air, MD 21014  
410-836-4550  
410-836-4562 (FAX)  
1-866-623-3187 (\*Toll Free in MD)

#### **Western Regional Service Center**

3 Pershing St., Room 103  
Cumberland, MD 21502  
301-777-2134  
301-777-5865 (FAX)  
1-866-679-0906 (\*Toll free in MD)

**\*NO BOAT DEALERS ARE ASSIGNED TO THE DUNDALK SERVICE CENTER- THEY ARE OPEN MON, WED & FRI FOR WALK-IN CUSTOMERS ONLY. ALL SERVICE CENTER HOURS ARE 8:30 A.M. TO 4:30 P.M.**